## Escort Bureau Introductory Services Business Application

City of Tempe Tax and License Office



	<u>TYPE</u>			APPLICATION FEE: \$500			
DATE REC'D:	ESCORT BUREAU:						AF
PLT/PERMIT NO.:	INTRODUCTORY SERVICES:		LI	LICENSE FEE: \$200/\$100			
	•						NE
Print Clearly							
Applicant or Agent's Name (Must complete individual application)	LAST		FIRST	MIDDLE	MIDDLE TITLE State in which		
Corporation or Partnership Name				IncorporatedDATE			
DBA (Doing Business As)							
Business Address of Open Office	STREET (			CITY	STATE	ZIP	
	PHONE (List all phor	ne lines used by burea	u at open office.)				
Mailing Address	STREET ( )			CITY	STATE	ZIP	
Ownership Type:	Sole Owner	Partnership	Limited Partnership	Limited Liability		Non-Profit (501C required)	
Types of Activity/Service Offered			· 				
Days & Hours of Operation	<del> </del>					,	
Any Change in Business Name, Any Location, or Ownership Since Pre- vious Application?							
All Other DBA's ever Used (Attach separate list if needed. Each name requires separate license.)							
Name, Date of Birth, Home Address 1 and Title of Each Owner, Partner, Corporate Officer and Director. (List all Owners, all Partners if a Partnership, all Corporate Officers and Directors of any Corporation or Corporate Partners) Attach separate list if needed.	LAST NAME		FIRST	MIDDLE		DATE OF BIRTH	
	HOME ADDRESS		#11 HW 45-F	CITY	STATE (	ZIP )	
	TITLE				PHON	JE#	
	LAST NAME		FIRST	MIDDLE	viie (BAT)	DATE OF BIRTH	
	HOME ADDRESS			CITY	STATE (	ZIP	
	TITLE				PHON	) E#	
	LAST NAME		FIRST	MIDDLE		DATE OF BIRTH	
	HOME ADDRESS			CITY	STATE	ZIP	
	TITLE				PHON	E #	

Manager or Managing Officer				/ /				
managor or managing omoor	LAST NAME	FIRST	MIDDLE	DATE OF BIRTH				
	HOME ADDRESS		CITY	STATE ZIP				
Employees Contracted Devene				/ /				
Employees, Contracted Persons and Persons Financially Interested.	LAST NAME	FIRST	MIDDLE	DATE OF BIRTH				
(List all and attach separate sheet if needed)	HOME ADDRESS	,	CITY	STATE ZIP				
	TITLE			PHONE #				
	2. LAST NAME	FIRST	MIDDLE	DATE OF BIRTH				
	HOME ADDRESS		CITY	STATE ZIP				
	TITLE		·	PHONE #				
	3. LAST NAME	FIRST	MIDDLE	DATE OF BIRTH				
	HOME ADDRESS		CITY	STATE ZIP				
	TITLE			PHONE #				
	4. LAST NAME	FIRST	MIDDLE	DATE OF BIRTH				
	HOME ADDRESS		CITY	STATE ZIP				
	TITLE			PHONE #				
	5. LAST NAME	FIRST	MIDDLE	DATE OF BIRTH				
	HOME ADDRESS	,	CITY	STATE ZIP				
	TITLE			PHONE #				
•								
Has this Business ever had its license or permit denied, revoked, suspended or fined in this or any other state?	Yes No If yes,	explain	·n - 6 m					
	ATTACH ADDITIONAL SHEET IF NEEDED							
I certify that the statements made in to continue to comply with all applicable Neither the applicant, the bureau, any manager or other person principally in of, pleaded noto contendere to or guilty No service of the escort bureau or an sexually oriented escort bureau.	laws and ordinances, including holder of any profit interest charge of the operation, nor any to any felony, or to a misde	ng Tempe City Code Sec t, nor any partner or limi ny individual employed or meanor involving moral t	ction 16A-56 et seq on E ted partner, or any pers contracted with as an es urpitude, within five year	scorts and Introductory Services, son financially interested, nor the scort or runner has been convicted is prior to issuance of the license.				
Incomplete applications will not be procin addition to other remedies authorize		on of information is suffici	ent grounds for denial of	the application or later revocation				
SIGNATURE OF APPLICANT OR AGENT	TITLE	(	) EPHONE #	DATE				
APPLICATION APPROVED	DENIED							
POLICE DEPARTMENT REPRESENTATIVE		TITLE		DATE				